

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90033 001 ****70.00

DOCUMENT # N00000005154

1. Entity Name

THE BRIGHT STAR FOUNDATION, INC.



Principal Place of Business 13114 HAZELCREST STREET SPRING HILL FL 34609	Mailing Address 13114 HAZELCREST STREET SPRING HILL FL 34609
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 22299 Cortez Blvd Suite, Apt. #, etc. 2nd Floor	3. Mailing Address 22299 Cortez Blvd Suite, Apt. #, etc. 2nd Floor
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City & State Brooksville, FL	City & State Brooksville, FL	4. FEI Number 59-3662572	Applied For Not Applicable
Zip 34601	Country US	Zip 34601	Country US

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ADLER, ANDREW L ESQ
GIBBONS COHN NEUMAN BELLO SEGALL & ALLEN
3321 HENDERSON BLVD
TAMPA, FL 33609

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAWKEY, GARY ALLEN 13114 HAZELCREST STREET SPRING HILL FL 34609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAWKEY, STEPHANIE RAE 13114 HAZELCREST STREET SPRING HILL FL 34609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIELDS, REIGHARD LEE 415 SOUTH 2ND AVENUE WASHINGTON IA 52363 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROSSER, DEBRA JEANNE 2732 OJIBWAY ROAD KAMLOOPS, B.C. CANADA V2H -1P1 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROSSER, NORMAN RONALD 2732 OJIBWAY ROAD KAMLOOPS, B.C. CANADA V2H -1P1 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **GARY Shawkey** 8/30/01 352-684-3435

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CRP0047 (5/01)